



**STATE OF HAWAII
DEPARTMENT OF HEALTH**

P. O. Box 3378
Honolulu, HI 96801-3378
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**Testimony in OPPOSITION to SB1124 SD2
RELATING TO MENTAL HEALTH**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date and Time: Tuesday, March 12, 2019 at 9:00 a.m.

Room: 329

1 **Fiscal Implications:** Undetermined.

2 **Department Testimony:** The Department of Health (DOH) opposes this measure as currently
3 written but supports the intent of the measure to enhance and expand assisted community
4 treatment and related services for the most vulnerable populations of seriously mentally ill
5 individuals. Further, the DOH concurs with the Department of the Attorney General's (ATG)
6 assessment of both technical and substantive changes needed for this measure to be a viable
7 mechanism to support the mental health care system.

8 The DOH recognizes a critical need to coordinate a comprehensive continuum of care
9 that includes leveraging assisted community treatment as well as civil commitment as part of
10 that continuum.

11 At this time, the DOH respectfully recommends that the House Committee on Health
12 transition this discussion to the vehicle of SB0567 SD2 which provides the opportunity for the
13 DOH to convene a mental health emergencies task force and to collaborate with stakeholders in
14 identifying and suggesting statutory revisions and programmatic initiatives to support the use of
15 assisted community treatment.

16 Thank you for the opportunity to testify.

17 **Offered Amendments:** We recommend consideration of SB0567 SD2 and SB1051 SD1 as the
18 primary vehicles to advance discussion on assisted outpatient treatment.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
THIRTIETH LEGISLATURE, 2019**

ON THE FOLLOWING MEASURE:

S.B. NO. 1124, S.D. 2, RELATING TO MENTAL HEALTH.

BEFORE THE:

HOUSE COMMITTEE ON HEALTH

DATE: Tuesday, March 12, 2019

TIME: 9:00 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Clare E. Connors, Attorney General, or
Erin LS Yamashiro, Deputy Attorney General

Chair Mizuno and Members of the Committee:

The Department of the Attorney General (Department) appreciates the intent of this bill and provides the following comments.

The purpose of this bill is to facilitate the use of assisted community treatment for individuals with serious mental illness by amending chapter 334, Hawaii Revised Statutes (HRS). This bill allows interested parties to file a petition for a mental health order and for the Department to assist in filing these petitions, expands the definition of “dangerous to self,” requires a court to consider the appropriateness of ordering assisted community treatment during the disposition of an involuntary commitment hearing, and modifies the criteria for assisted community treatment.

Comments on Section 2

As written, this bill would allow interested parties to file a petition for a “mental health order”; however, this phrase is not defined. In addition, section 2 refers to the commitment of the subject, which is inconsistent with an order to participate in assisted community treatment. Also, the criteria and petitioning procedures for involuntary commitment and assisted community treatment petitions are already set forth in sections 334-60.2, 334-60.3, 334-121, and 334-123, HRS, which conflict with section 2 of this bill. If the Committee intended to modify the petitioning and hearing procedures for involuntary commitment and assisted community treatment matters, then it should

delete section 2 and amend the bill to include amendments to the above-mentioned statutory sections consistent with that intent.

Comments on Section 3

The Department suggests the technical amendment of not deleting a comma on page 5, lines 1 through 2, so that it reads as “nourishment, essential medical care, including treatment for a mental illness, shelter, or self-”.

Comments on Section 4

Section 4 of the bill also needs clarification of how a court will determine whether assisted community treatment is appropriate for an individual after conducting a hearing on a petition for involuntary hospitalization, given that the criteria for each is different. This section should be amended to make changes to section 334-60.7, HRS, rather than section 334-60.5, HRS, so that an assessment for assisted community treatment is required before the individual is released from the psychiatric facility. This suggested amendment would accomplish the intent of the Committee to increase the use of assisted community treatment. We suggest section 4 be amended in its entirety to read as follows:

SECTION 4. Section 334-60.7, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

“(b) ~~[For civil commitments that do not result directly from legal proceedings under chapters 704 and 706, when]~~ When the administrator or attending physician of a psychiatric facility contemplates discharge of an involuntary patient, the administrator ~~[may]~~ shall assess whether an assisted community treatment plan is indicated pursuant to section 334-123 and, if so indicated, ~~[may communicate with an aftercare provider as part of discharge planning, as appropriate.]~~ a licensed psychiatrist or advanced practice registered nurse of the facility shall prepare the certificate specified by section 334-123(b), and shall notify the department of the attorney general, which shall assist with the petition for assisted community treatment and the related court proceeding. The facility may notify another mental health program for assistance with the coordination of care in the community.”

Comments on Section 5

The Department also suggests modifying section 5, page 11, lines 10-15, of the bill to avoid a possible constitutional challenge because involuntary non-emergency administration of medication invades an individual's liberty interests unless the individual poses a danger to him, herself, or others. *State v. Kotis*, 91 Hawai'i 319, 334, 984 P.2d 78, 93 (1999). Accordingly, section 5, page 11, lines 10-15, should be amended to read as follows:

~~“(7)]~~ (3) The person's mental illness has caused that person to refuse needed and appropriate mental health services in the community, and the person has a history of lack of adherence to treatment for mental illness or substance abuse, which resulted in the person becoming dangerous to self or others, and which now would predictably result in the person becoming imminently dangerous to self or others; and”

Finally, the Department will need additional funding and resources to carry out the statewide responsibility articulated in this bill. A similar bill that would also require the Department to file petitions for assisted community treatment, S.B. No. 1464, S.D. 1, appropriates from the general revenues of the State of Hawaii the sum of \$332,000 for fiscal year 2019-2020 and the sum of \$308,000 for fiscal year 2020-2021 for the appointment of two deputy attorneys general and support staff. We suggest that these appropriations be included in this bill to accomplish its stated purpose.

We respectfully ask this Committee to make the suggested modifications if it intends to pass this measure.

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
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MAYOR

SUSAN BALLARD
CHIEF

JOHN D. McCARTHY
JONATHAN GREMS
DEPUTY CHIEFS

OUR REFERENCE **ML-NC**

March 12, 2019

The Honorable John M. Mizuno, Chair
and Members
Committee on Health
House of Representatives
Hawaii State Capitol
415 South Beretania Street, Room 329
Honolulu, Hawaii 96813

Dear Chair Mizuno and Members:

SUBJECT: Senate Bill No. 1124, S.D. 2, Relating to Mental Health

I am Mike Lambert, Captain of the Community Outreach Unit of the Honolulu Police Department (HPD), City and County of Honolulu.

The HPD strongly supports Senate Bill No. 1124, S.D. 2, Relating to Mental Health.

The City and County of Honolulu is currently experiencing a homeless crisis. During the 2018 Oahu Point in Time Count, it was reported that approximately 1,000 of the 4,500 homeless suffered from serious mental illness. Many of these individuals do not contain the rational ability to take the necessary steps to treat their mental illness. This places the community and themselves at risk of becoming perpetrators or victims of physical assault, sexual assault, property damage, and/or other crimes against public order.

The community needs to have a reasonable process to make the seriously mentally ill participate in involuntary treatment when that individual appears to be a danger to self or others and is unable to improve their situation without assistance. Assisted Community Treatment can create a mechanism to help someone who is unable to help themselves.

The Honorable John M. Mizuno, Chair
and Members
March 12, 2019
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The HPD is committed to ensuring public safety. This requires that the seriously mentally ill are treated by both voluntary and involuntary means.

The HPD respectfully urges you to support Senate Bill No. 1124, S.D. 2, Relating to Mental Health.

Thank you for the opportunity to testify.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Lambert", written in a cursive style.

Mike Lambert, Captain
Community Outreach Unit

APPROVED:

A handwritten signature in black ink, appearing to read "Susan Ballard", written in a cursive style. Below the signature is a horizontal line.

Susan Ballard
Chief of Police



CITY COUNCIL
CITY AND COUNTY OF HONOLULU
530 SOUTH KING STREET, ROOM 202
HONOLULU, HAWAII 96813-3065
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RON MENOR

Council Chair Emeritus &

Council Vice Chair

District 9

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WRITTEN TESTIMONY ONLY

March 12, 2019

TESTIMONY OF
COUNCIL CHAIR EMERITUS & VICE CHAIR RON MENOR
COUNCIL DISTRICT 9
CITY AND COUNTY OF HONOLULU

Senate Bill 1124 SD2
RELATING TO MENTAL HEALTH.

Chair Mizuno, Vice Chair Kobayashi and Members of the House Committee on Health (HLT):

I am testifying in support of Senate Bill 1124 SD2.

Improvements are needed to the Assisted Community Treatment (ACT) law that was approved by the Legislature in 2013. The intent of the law was to help individuals whose lives are so impacted by mental illness that they are unable to recognize their need for treatment. The lack of treatment for this segment of the population has resulted in high utilization of hospital emergency rooms, ambulance, police, fire, inpatient treatment, arrest and court time – all of which being very costly to the community at large.

Over five years, the ACT law was utilized to help only ten individuals. When the law was implemented, it was hoped that it would help many more people. With improvements to the ACT law in Senate Bill 1124 SD2, we are hopeful that these individuals will get the care that they deserve.

Mahalo for the opportunity to testify in support of this bill.



PARTNERS IN CARE

Oahu's Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

TESTIMONY IN SUPPORT OF SB 1124, SD2: Relating to Mental Health

TO: Rep John Mizuno, Chair, Rep Bertrand Kobayashi, Vice Chair, and members, House Committee on Health

FROM: Marya Grambs, member, Board of Directors, Partners in Care

Hearing: Tuesday, 3/12/19; 9:00 am; CR 329

Chair Mizuno. Vice Chair Kobayashi, and Members, Committee on Health:

Thank you for the opportunity to provide testimony **in support** of SB1124, SD2, with specific amendments. I am Marya Grambs, member, Board of Directors of Partners in Care, a planning, coordinating, and advocacy alliance that develops recommendations for programs and services to fill needs within Oahu's Continuum of Care for persons experiencing homelessness.

SB1124 SD2 includes changes to the ACT law which are recommended by multiple stakeholders, based on the past five years of difficulty in obtaining ACT orders, resulting in a miniscule number of orders having been granted.

However, we suggest the following amendments:

- That the section of this bill entitled "SS334- Petition for mental health order" be omitted. First, it is unclear what a "mental health order" is. Second, this section of SB1124 includes involuntary hospitalization, but the subject of this bill is Assisted Community Treatment (ACT), and this section confuses/conflates the two. Finally, it refers frequently to "commitment," which is not what an ACT order does.

However, we suggest that Section 334-123 be amended to define "interested party" as "parent, grandparent, spouse, sibling, adult child, reciprocal beneficiary, service provider, case manager, outreach worker, or mental health professional."

- Finally, we strongly support the amendments to this bill contained in the testimony of the Office of the Attorney General which was submitted to the hearing of the Senate Committee on Judiciary on February 26, 2019.

SB1124 SD2, with the proposed amendments, will facilitate getting desperately needed treatment for the most vulnerable, severely mentally ill, chronically homeless individuals. These are the people with whom we are all familiar because they are so visibly distressed and manifest destructive and delusional behavior, often hallucinating wildly: because of their mental illness

they do not have the capacity to take care of themselves or make informed decisions about treatment; they live in inhumane, degrading circumstances without adequate hygiene or medical care; they are often victims of violence or, in the case of women, sexual assault; and they cycle repeatedly between street, hospital, and jail, with enormous costs to society. This bill will reduce the current practice of individuals being released from involuntary hospitalization to the streets, only to repeatedly decompensate and be re-admitted (or arrested).

Letting them languish in the streets is inhumane – untreated psychosis causes brain damage, thereby lessening the likelihood that their illness can improve. The nature of their mental illness is that they literally do not know they are ill, which is why they refuse treatment. We believe they have a right to treatment and a chance to live a better life. That is what the ACT law is designed to do, and these are some of the changes that are necessary for its successful implementation.

SB-1124-SD-2

Submitted on: 3/9/2019 1:53:06 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Hawaii Disability Rights Center	Comments	Yes

Comments:

This bill represents a significant overhaul of the assisted community treatment law. As in other measures pending this session it provides that the Attorney General shall assist in the filing of the the petition. This would be a huge help to mental health advocates or family members who are trying to assist people in obtaining treatment, and are struggling with the intricacies of the judicial system.

Beyond that, the bill provides that if an individual does not meet the criteria for civil commitment the Court shall nonetheless conduct an analysis to see if the individual does meet the criteria for assisted community treatment. It also provides that even if the individual does meet the civil commitment criteria the Court has the option of ordering the individual to obtain assisted community treatment. We see these as positive provisions that can help people who either may not qualify for civil commitment or who can benefit from assisted community treatment as a less restrictive alternative.

The most significant change to the law is the elimination of the requirement of a prior psychiatric hospitalization or a finding of having been imminently dangerous as a prerequisite to a qualification for assisted community treatment. This may well enable the law to reach individuals who otherwise would not qualify simply because they had never been "picked up" by the system. We were involved in the initial drafting of this legislation and at the time it was felt that this provision was a valuable safeguard to prevent against potential overreach of the law. However, the experience to date is that the law has been extremely underutilized and one possible reason may be that the requirement of the prior hospitalization or declaration of being imminently dangerous may have been too restrictive. This SD1 version of the bill did maintain a requirement of a prior psychiatric history and that seemed to be a reasonable safeguard in that a single episode would not in and of itself have subjected someone to this procedure. The

SD2 version, however, has significantly loosened the criteria so that either a prior finding of dangerousness or simply a current refusal to accept treatment will qualify the individual for the ACT program. We would like to see further discussion about this provision. We have some questions about whether this may go a bit too far in terms of eroding protections and civil liberties for individuals. We are not necessarily opposed to such a broad expansion. However, we believe more vetting needs to occur so that the full ramifications can be explored.

Helping Hawai'i Live Well

To: Representative John Mizuno, Chair, Representative Bertrand Kobayashi, Vice Chair, Members, House Committee on Health

From: Trisha Kajimura, Executive Director

Re: TESTIMONY ON SB 1124 SD2 RELATING TO MENTAL HEALTH

Position: Support with Amendments

Hearing: March 12, 2019, 9:00 am, CR 329

Thank you for hearing **Senate Bill 1124 SD2**, which amends Chapter 334 of the Hawaii Revised Statutes by adding a new section that allows any interested party to file a petition for a mental health order alleging that another person qualifies for Assisted Community Treatment (ACT) and makes other amendments to improve implementation of ACT.

Mental Health America of Hawaii is a 501(c)3 organization founded in Hawai'i 77 years ago, that serves the community by promoting mental health through advocacy, education and service.

Assisted Community Treatment was passed by the Legislature in 2013 and was intended to help people who are so sick from mental illness that they are unable to recognize the need for their own treatment. Without assisted community treatment, these are community members living in terrible conditions, often homeless, unable to care for themselves and their own basic physical needs, hallucinating and suffering needlessly. With the proper treatment as provided through an ACT order, they are capable of a much higher level of functioning and can recover from their illness.

Currently, private service providers, community organizations and families do not have the resources to navigate the complex and congested system. The law needs to be further adjusted to improve the ACT process and bring more people with untreated mental illness enter recovery, escaping homelessness and its lack of dignity and humanity.

We support the amendments being proposed by the Institute for Human Services:

- 1. IHS proposes that the newly proposed Section 2 (Petition for mental health order) be deleted from the bill.**

The purpose of this bill is to amend the laws and support the process for mentally ill person's currently in the community needing court ordered treatment, such as those on the streets who are

homeless. This version and section of the bill is written for situations that are related to involuntary commitments, which are related to people who are in hospitals. Section 4 of this bill and SB567 both initiates the process for ACT in involuntary hospitalization settings.

Adding Section 2 to this current draft will further confuse the courts, which will result in continued struggles to obtain court ordered treatment for community orders.

2. The intent of Section 6 (334-123) (a) is to initiate the process for Assisted Community Treatment. The existing law however does not clarify “any interested party.”

IHS proposes that the definition for “Any Interested Party” be added to Section 6 (334-123) (a) and shall be defined as:

“For the purposes of this section, ‘interested party’ means a parent, grandparent, spouse, sibling, adult child, reciprocal beneficiary, service provider, case manager, outreach worker, or mental health professional.”

If not otherwise, it should be added to the definition of HRS 334-0001.

3. Please incorporate the Attorney General’s Office comments on Section 4 (334-60.7) (b) to read the following:

“When the administrator or attending physician of a psychiatric facility contemplates discharge of an involuntary patient, the administrator shall assess whether an assisted community treatment plan is indicated pursuant to section 334-123 and, if so indicated, a licensed psychiatrist or advanced practice registered nurse of the facility shall prepare the certificate specified by section 334-123(b), and shall notify the department of the attorney general, who shall assist with the petition for assisted community treatment and the related court proceeding. The facility may notify another mental health program for assistance with the coordination of care in the community.”

Thank you for considering my **testimony in support of SB 1124 SD2 with amendments**. Please contact me at trisha.kajimura@mentalhealthhawaii.org or (808)521-1846 if you have any questions.

SB-1124-SD-2

Submitted on: 3/10/2019 1:35:13 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Goodman	Hawaii Kai Homeless Task Force	Support	Yes

Comments:

TO: The Committee on Health**FROM:** Mike Goodman, Hawaii Kai Homeless Task Force & Member Partners in Care ("PIC")**HEARING:** Tuesday March 12, 9 AM in Rm 329**FOR** SB1124

Dear Chair Representative Mizuno, Vice-Chair Representative Kobayashi, and all Members of the Committee. Thank you for the opportunity to testify.

The Hawaii Kai Homeless Task Force strongly supports SB1124, along with Partners In Care. PIC is an organization comprised of fifty homeless services providers and non-profits. Members include Catholic Charities, Aloha United Way, The Institute for Human Services, U.S. Vets and many others.

"Assisted Community Treatment" under HRS Chapter 134 ("ACT"), is contemplated to address the problem of impaired persons, many who are homeless, who are a danger to themselves or others, and refuse treatment for their underlying conditions. Most of these individuals are incapable of making informed decisions about their care. The ACT program was created to fulfill constitutional requirements of due process and ensure that the rights and liberties of persons adopted into the program are not infringed upon. The problem is that since 2013, only 10 individuals have received court-ordered treatment under ACT. That's because there are many problems with how the program was originally implemented.

SB1124 is a crucial part of a series of bills including SB567, SB1124, SB1051, SB1464 and SB1465, all of which are intended to make critical improvements to the ACT program, so it can operate more efficiently. It's important for **all** of these bills to pass.

Just within a 10-block radius of the Capitol, dozens of severely mentally ill and substance addicted homeless live unsheltered under appalling conditions. They cycle

endlessly between jails and hospitals or wander aimlessly with their worldly belongings stuffed into shopping carts.

The life expectancy of an unsheltered impaired homeless person is about twenty years shorter than a person with a home. Mired in filth and exposed to the elements, life-threatening diseases are common and small injuries can become festering sores;

According to the last PIT count, unsheltered homelessness increased to about 2400 people. While the homeless suffer, the quality of life for residents and tourists is severely impacted; For example, Chinatown is now a dystopian mix of the fortunate and unfortunate; where the aroma of garlic clashes with the stench of urine and feces; Sidewalks, freeway medians and world class beaches are now routinely used as trash dumps and bathrooms; Many Honolulu City Parks and even Iolani Palace, will be closing at night to prevent property damage; The Children's Discovery Center in Kaka'ako might go out of business, because parents don't feel safe bringing their children. Their fears are not completely irrational; Statistically, crime rates increase sharply around homeless camps.

Severely mentally ill and substance addicted homeless also impose the greatest burden on taxpayers. The aggregate cost for emergency medical services, law enforcement, the judiciary, repair and cleanup of public and private property, homeless sweeps is hard to quantify, but likely to exceed \$200 million dollars a year.

Because mental impairments interfere with their ability to make rational decisions, many chronic homeless persons refuse services and treatment. This is an untenable situation SB567, SB1124, SB1051, SB1464 and SB1465 aims to address.

Whatever Costs to Fix This Nightmare Will Actually Save the State Money,

The cost of helping and treating impaired homeless persons should result in a net savings to the State. According to the UH Center on the Family, estimated healthcare cost savings for impaired homeless who get mental health treatment through Housing First programs, result in a savings of \$6,197 per client per month, which is estimated to be a 76% decrease in costs. Based on these figures, if all impaired chronic homeless are housed and treated, the State could save roughly \$140 million a year, just on medical expenses.

Thank you for the opportunity to testify.



CATHOLIC CHARITIES HAWAII

TESTIMONY IN SUPPORT OF SB 1124, SD2: Relating to Mental Illness

TO: Representative John Mizuno, Chair, Representative Bertrand Kobayashi, Vice Chair, and Members, Committee on Health

FROM: Betty Lou Larson, Legislative Liaison, Catholic Charities Hawai'i

Hearing: Tuesday, 3/12/19; 9:00 am; CR 329

Chair Mizuno, Vice Chair Kobayashi, and Members, Committee on Health:

Thank you for the opportunity to provide testimony **in support** of SB 1124, SD2 which facilitates the treatment of individuals with mental health issues. I am Betty Lou Larson, with Catholic Charities Hawai'i. We are also a member of Partners in Care.

Catholic Charities Hawai'i (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawai'i for over 70 years. CCH has programs serving elders, children, families, homeless and immigrants. Our mission is to provide services and advocacy for the most vulnerable in Hawai'i.

The Assisted Community Treatment (ACT) law, enacted in 2013, was an attempt to help individuals with serious mental illnesses obtain the treatment and medications that they needed. However, it has proven difficult to utilize. Less than 10 orders for court-mandated treatment have been issued in the past 5 years. Catholic Charities Hawai'i supports the intent of this bill to clarify the law and allow more flexibility on the part of family courts. We hope these changes will enable more utilization of this law to help very seriously mentally ill individuals receive the treatment needed to live their lives in safety and dignity. **We also support the amendments suggested by members of Partners in Care and IHS.**

Many extremely mentally ill individuals now live on the streets, cycling in and out of emergency rooms. They suffer from psychosis, hallucinations and bizarre behaviors. They are at great risk of assault, and for women, rape. They have been unreachable by homeless outreach teams. Refining the ACT law can encourage more usage of this law to help this very difficult to reach population.

We need to seek humane solutions to help these most vulnerable homeless persons. These changes to the ACT law can make it a more useful option. We urge your support for SB 1051. Please contact me at (808) 373-0356 or bettylou.larson@catholiccharitieshawaii.org if you have any questions.



Catholic
Charities
USA



CLARENCE T. C. CHING CAMPUS • 1822 Ke'eumoku Street, Honolulu, HI 96822
Phone (808) 373-0356 • bettylou.larson@catholiccharitieshawaii.org





The Institute for Human Services

Ending the Cycle of Homelessness

To: The Honorable Representative John Mizuno, Chair
Members of the House Health Committee

From: Kimo K. Carvalho, Director of Community Relations
IHS, The Institute for Human Services, Inc.

Subject: **IHS Support for SB1124-SD2 with Proposed Revision**

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Aloha House Committee Members,

The Institute for Human Services (IHS) has been at the forefront of multiple attempts to utilize the Assisted Community Treatment Law to assist current homeless individuals with severe mental illnesses who are unaware they are sick, and who continue to refuse treatment and decompensates on the streets year after year. After several failed attempts, we believe consolidation of the criteria, clarification and inclusion of clinical terminology will further advance our laws and provide us with the opportunity to help residents who struggle everyday with mental health diseases, but who has ever reason to be part of our local community.

IHS offers proposed revisions to this draft of SB1124-SD2:

1. IHS proposes that the newly proposed Section 2 (Petition for mental health order) be deleted from the bill.

The purpose of this bill is to amend the laws and support the process for mentally ill person's currently in the community needing court ordered treatment, such as those on the streets who are homeless. This version and section of the bill is written for situations that are related to involuntary commitments, which are related to people who are in hospitals. Section 4 of this bill and SB567 both initiates the process for ACT in involuntary hospitalization settings.

Adding Section 2 to this current draft will further confuse the courts, which will result in continued struggles to obtain court ordered treatment for community orders.

Business Office | 546 Kaaahi Street, Honolulu, HI 96817
Phone 808.447.2800 | Fax 808.845.7190

IHS, The Institute for Human Services, Inc. is Hawaii's oldest, largest and most comprehensive homeless services agency focused exclusively on ending and preventing homelessness in Hawaii.

www.ihshawaii.org





2. The intent of Section 6 (334-123) (a) is to initiate the process for Assisted Community Treatment. The existing law however does not clarify “any interested party.”

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The Rev. Msgr.
Terrance Watanabe

IHS proposes that the definition for “Any Interested Party” be added to Section 6 (334-123) (a) and shall be defined as:

“For the purposes of this section, ‘interested party’ means a parent, grandparent, spouse, sibling, adult child, reciprocal beneficiary, service provider, case manager, outreach worker, or mental health professional.”

If not otherwise, it should be added to the definition of HRS 334-0001.

3. Please incorporate the Attorney General’s Office comments on Section 4 (334-60.7) (b) to read the following:

“When the administrator or attending physician of a psychiatric facility contemplates discharge of an involuntary patient, the administrator shall assess whether an assisted community treatment plan is indicated pursuant to section 334-123 and, if so indicated, a licensed psychiatrist or advanced practice registered nurse of the facility shall prepare the certificate specified by section 334-123(b), and shall notify the department of the attorney general, who shall assist with the petition for assisted community treatment and the related court proceeding. The facility may notify another mental health program for assistance with the coordination of care in the community.”

I close my remarks by stating that IHS is committed to solving chronic homelessness and serving those with severe mental illnesses who need community treatment orders. We are committed to the positive impacts this will have on our community.

Mahalo for your support in passing SB1124-SD2 with the proposed revisions.

Respectfully,

Kimo K. Carvalho
Director of Community Relations
IHS, The Institute for Human Services, Inc.



TESTIMONY IN SUPPORT OF SB 1124, SD 2

TO: House Committee on Health

FROM: Nikos Leverenz
Grants, Development & Policy Manager

DATE: March 12, 2019 (9:00 AM)

Chair Mizuno, Vice-Chair Kobayashi, and Members of the Committee:

Hawai'i Health & Harm Reduction Center (HHHRC) **supports** SB 1124, SD 2. We are a proud member of Partners in Care (PIC)—a coalition of more than 50 non-profit homelessness providers—and we strongly support this bill as a critical component of a comprehensive plan to address homelessness in Hawaii.

People experiencing severe mental illness represent a small but significant portion of the population experiencing homelessness in Hawai'i. They are extremely high utilizers of ambulance, police, ER, inpatient treatment, crisis services, arrest, and adjudication—at great expense; have been non-responsive to repeated homeless outreach attempts; are frequently victims of assault and, for women, rape; and do not understand that they are ill and therefore refuse treatment. Their untreated psychosis/schizophrenia causes brain damage, resulting in reduced brain functioning and decreased likelihood of recovery.

Hawai'i's Assisted Community Treatment (ACT) law enables the Court to order individuals like these, who meet very specific criteria, to receive treatment in the community. However, due to technical issues, ACT has been infrequently used. SB 1124 seeks to make needed changes that would help ACT to accomplish its intended purpose.

Thank you for the opportunity to testify on this measure.

LATE

SB-1124-SD-2

Submitted on: 3/12/2019 12:03:33 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments: